

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-11-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, therapeutic exercises, joint mobilization, therapeutic activities, range of motion measurements, kinetic activities, myofascial release, manual traction, and established patient office visits were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 5/14/03 through 7/28/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4<sup>th</sup> day of March 2004.

Regina Cleave  
Medical Dispute Resolution Officer  
Medical Review Division  
RC/rc

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** March 1, 2004

**MDR Tracking #:** M5-04-1059-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

It appears the claimant suffered alleged repetitive trauma to both of her wrists from repetitive keyboarding during the normal course and scope of her employment as what appears to be a dispatcher. The claimant was noted to weigh about 120 pounds and was a nonsmoker. She reported no history of thyroidism, diabetes, or hypertension. The claimant initiated some chiropractic care for this condition on 3/17/03 and she also saw \_\_\_ orthopedist, for evaluation and management. The claimant underwent MRI evaluations of both wrists. The MRI of the right wrist was suggestive of carpal tunnel syndrome findings; however, electrodiagnostic studies done on both sides as of 4/23/03 were reported as normal. An MRI of the left wrist revealed no convincing evidence of carpal tunnel abnormalities. There was a collection of fluid near the distal end of the ulnar styloid which was felt to possibly be a ganglion cyst. It should be noted the claimant reported no pain in this area of the left wrist and her right wrist appeared to be more problematic for her than the left wrist. It appears the claimant underwent an injection with \_\_\_ and by 7/30/03 she was reportedly better and wished to not consider having another injection or surgery. The claimant underwent a designated doctor evaluation on 10/17/03 from \_\_\_ and was not felt to be at MMI because she was recommended to continue her work hardening program which she had been actively involved in for about 3 weeks at this time. \_\_\_ exam findings revealed a positive Tinel's test at the right wrist; however, the claimant's grip and range of motion appeared to be well maintained. Multiple chiropractic notes were reviewed over the disputed dates of service dates. The claimant appeared to be undergoing range of motion testing on one occasion, office visits, joint manipulation, myofascial release, manual traction, and several therapeutic procedures to include kinetic activities.

### **Requested Service(s)**

The medical necessity of the outpatient services to include office visits, therapeutic exercises, joint mobilization, therapeutic activities, range of motion measurements, kinetic activities, myofascial release, manual traction and established patient office visits which were rendered from 5/14/03 through 7/28/03.

### **Decision**

I agree with the insurance carrier and find that the services in dispute are/were not medically necessary.

### **Rationale/Basis for Decision**

Simply because a claimant is deemed not to be at MMI does not mean that more of the same treatment is reasonable and medically necessary. The claimant reportedly initiated chiropractic care on or about 3/17/03 and as of 5/14/03, some 8 weeks later, the disputed services begin. An 8 week trial of conservative care is more than sufficient for management of carpal tunnel like syndromes especially according to the highly evidence based Official Disability Guidelines 2004 edition. Also it should be mentioned that the chiropractic note of 5/20/03 was practically identical to the one of 7/28/03 with respect to subjective complaints and physical findings. In cases of carpal tunnel syndrome, once a sufficient amount of physician directed physical therapy is performed, the claimant can continue on a home based exercise program quite easily. When \_\_\_ stated that the claimant was doing better as of his follow up of 7/30/03, this improvement was not due to the ongoing chiropractic/physical therapy but was due to the effects of the injection. Again, there was no change whatsoever documented in the claimant's subjective complaints or objective findings as a result of the chiropractic physical therapy treatment beyond 5/14/03 through 7/28/03. During the period of the disputed dates of service, it would be reasonable and customary for the claimant to undergo once per month chiropractic follow up office visits only for monitoring purposes and coordination of further referrals. This would be assuming the claimant's treating physician was the chiropractor. The office visit code of 99212 should be sufficient for overall monitoring purposes and no treatment should have been provided during the disputed dates of service time frame with respect to chiropractic related physical therapy.